# A Senior Safety Reminder from



Department on Aging

# ANYTHING can happen!

FIOOD

**TORNADO** 

BLIZZARD

FIRE

TOXIC SPILL

STORM

ARE YOU Prepared?

# IT'S AS EASY AS:

**STAY INFORMED** 

2 HAVE

HAVE A PLAN

REEP A KIT

Milwaukee County Department on Aging and the American Red Cross of Southeastern Wisconsin offer this information as suggestions for your safety.

# FILL OUT THE EMERGENCY INFORMATION CARD

INCLUDED WITH THIS BOOKLET.
KEEP IT WITH YOUR KITS.

# In a disaster CELL PHONES AND CORDLESS PHONES MAY NOT WORK

Use a land line phone with a phone cord that can be plugged directly into a phone jack.

#### PLAN FOR YOUR PETS



Pack a kit for your pet(s) too! Include:

A current photo of you with your pets

Collar with ID tags Leash

Medications Food/water/bowls Litter and litter pan Pet carrier
Blanket/pet bed
Toys

Veterinary information

#### More information at:

Ready Wisconsin www.ready.wi.gov

Citizens & Organizations Active in Disaster of Southeastern Wisconsin

www.coadwi.org

Red Cross in Southeastern Wisconsin www.redcrossinsewis.org

Milwaukee County
Department on Aging
www.milwaukee.gov/county/aging

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# **I STAY INFORMED**

**Important!** 

A BATTERY RADIO, A FLASHLGHT AND EXTRA FRESH BATTERIES If power is out - the radio may be your ONLY link to information

# **KNOW**

• WHAT'S COMING

Keep watching and listening to weather and news

# EMERGENCY OR EVACUATION PLANS

#### YOUR PERSONAL PLAN SHOULD INCLUDE:

- •Home health or other care providers.
- •Building management
- •Emergency Evacuation Plans

Be sure to get this information at least once a year (See Section **3**: Keep a Kit)

# YOUR PERSONAL EMERGENCY SUPPORT TEAM

Talk with family and friends: find out who will help

- •Friends and Neighbors
- •Local Community Contacts
- •Church groups

Leave an extra house key with a trusted friend or relative

### **SAFETY INFORMATION**

(non medical)

Family, Friends and Neighbors, Church

Name/Location	Phone
Service Providers/Resident	tial Management
Name/Location	Phone
Emergency Response Cont	acts
Name/Location	Phone
City/Town/village	
Police	
Fire	
Health Department	
Social Service Information	Dial 211

# **2** HAVE A PLAN: Be ready for **ANYTHING**

#### TO BE SAFE AT HOME

Listen to news and weather reports.

<u>Use common sense.</u>

Stay home if it is too dangerous to leave.

Remain Calm

#### **PLAN**

#### FOR SHELTERING SAFELY AT HOME

- •Keep three days of food, water and medications on hand
- •Check freshness on food and supplies and change as needed
- •Change stored water every three months

#### **KNOW**

#### **THE SITUATION**

- •Listen to the news. If the power is out use the battery radio.
- •<u>Cooperate</u> with emergency responders in your community.

#### **CONTACT**

#### YOUR SUPPORT TEAM

- •Let people know where you are.
- •Have them call you to check up on you.

#### **REMEMBER**

#### **DIFFERENT TYPES OF DISASTERS**

- •Never leave during an emergency unless you have help.
- •If power goes out stay as warm or as cool as possible depending on the season.
- •Use the phone to call for assistance until you contact someone.
- •If the phone is not working put a HELP sign in a window to alert people that you need help.

#### IN CASE YOU HAVE TO LEAVE YOUR HOME

Keep your essentials in one place. Store your eyeglasses, hearing aid and other important items in a bag near your bed.

#### **PLAN**

#### **FOR MOVING OUT**

•Decide in advance where you might go.

#### **KNOW**

#### **YOUR OPTIONS**

- •Check and update your evacuation kit supplies regularly.
- •Be aware of how to get transportation you might need.

#### **CONTACT**

YOUR SUPPORT TEAM (friends, family, neighbors, church)

Let people know where you are going.

#### **REMEMBER**

#### IMPORTANT DOCUMENTS AND PERSONAL ITEMS.

- wallet/cash/atm cards
- bank account information
- •identification-passport, birth certificate, etc.
- •insurance cards
- copies of prescriptions
- medications
- address book
- •cell phone and charger
- spiritual book
- personal kit

# **3**KEEP A KIT

# **ESSENTIAL SUPPLIES**

#### FOR THREE DAYS

### **Water**

1 person: three gallons

#### **Food**

Three day supply Non perishable (instant or no cooking needed) Manual can opener

# Whistle

**First Aid Kit** 

To signal for help if you are trapped or unable to get out

Buy or make your own

#### **Medications**

One week supply if possible. Have copies of all prescriptions and dosage instructions. If you have other medical needs write them down and keep them in your kits.

## **Flashlight** and fresh batteries

## **Battery Radio** and fresh batteries

# Personal comfort and hygiene

Blanket or sleeping bag Towel/wash cloth Moist towelettes/hand sanitizer Plastic garbage bags/duct tape/ties Toilet paper Soap Toothpaste/denture cleaner

Denture supplies **Eyeglasses** Hearing Aid and extra batteries Medications for ONE WEEK Assistive Devices, wheelchair, walker, cane, etc. Portable oxygen

# DOCUMENTS

Put copies of all essential documents in a plastic zip bag Medicare/insurance information Support team contact information Bank information Social Security Information Power of attorney Will/Deeds

Copies of all Prescriptions Health instructions Medical history Allergies Other information **Emergency Information Card** 

# **EMERGENCY ESSENTIALS CHECKLIST**

SAFE AT HOME	EVACUATION ESSENTIALS
Water Three gallons for each person (one gallon a day)	☐Wallet/Identification
	Flashlight / Batteries
Food non perishable / no cooking for three days  Medications keep at least a three day supply at all times	Radio / batteries
	Credit/debit cards
	Cash/checkbook
	Blanket
	☐ Towel/wash cloth
First Aid Kit	☐ Moist towelettes
Whistle	Hand sanitizer
Flashlight / batteries	☐ Plastic garbage bags
	Toilet paper
Radio / batteries	Soap
Blankets and warm clothing	☐ Toothpaste/denture cleaner
Medical supplies/equipment	☐ Denture supplies
A land line phone that does not need batteries or charging. (not wireless or cordless)  Manual can opener	Eyeglasses
	Hearing Aid / batteries
	☐ Medications for 1 week
	☐ Prescription Copies
Markers and tape in case you need to make a help sign	Assistive Devices
	Documents
	Pet Needs